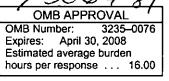
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	_	Serial					
DATE	RECEI	/ED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Issuance of: (i) Subordinated Convertible Promissory Notes (the "Notes"), (ii) Preferred Stock issuable upon conversion of								
the Notes and (iii) underlying Common Stock issuable upon conversion of the Preferred Stock								
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE MECENED E							
Type of Filing: New Filing Amendment	\\ FF0 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
A. BASIC IDENTIFICATION DATA	(Z) 7 2 3 (O)							
Enter the information requested about the issuer	1931 -007							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)								
Blaze DFM, Inc.	186 CTION							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
1275 Orleans Drive, Sunnyvale, CA 94089	(408) 542-8024							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)							
(if different from Executive Offices)	Same as above							
Same as above								
Brief Description of Business	PROCESSED							
Software								
Type of Business Organization	MAR 0 1 2007							
	Other Inlease specify:							
business trust limited partnership, to be formed	THOMSON							
MonthYear	FINANCIAL							
Actual or Estimated Date of Incorporation or Organization: 0 8 0 4	Actual Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
CN for Canada: FN	I for other foreign jurisdiction) D E							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	-	A. BASIC IDENT	IFICATION DATA							
2. Enter the information rec	uested for the foll	owing:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if Jacobsson, Jacob	individual)									
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)								
	-	rive, Sunnyvale, CA 940								
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)	·								
· Reed, Dave										
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)								
	•	rive, Sunnyvale, CA 940								
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if Kahng, Andrew	individual)									
Business or Residence Addres	s (Number and St	reet City State Zin Code	· · · · · · · · · · · · · · · · · · ·							
c/o Blaze DFM, Inc	c., 1275 Orleans E	Drive, Sunnyvale, CA 940	89							
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if Gupta, Puneet	individual)									
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code		·						
	-	orive, Sunnyvale, CA 940								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Lightspeed Ventur	e Partners VI, L.l	P. and related funds								
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code))							
2200 Sand Hill Ros										
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if Showalter, Carl	individual)									
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code								
	•	200 Sand Hill Road, Men								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)		***						
	(Use blank s	sheet, or copy and use add	litional copies of this shee	t, as necessary.)	, <u></u>					

_					<u>B. INFOR</u>	RMATION	ABOUT O	FFERING					
1. Ha	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?													
3. Does the offering permit joint ownership of a single unit?								********	Yes ⊠	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for the broker or dealer only.													
Full Na	me (Last na None	me first, if	individual)									
Busines	s or Resider N/A	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)		<u>.</u>				
Name o	f Associated	Broker or	Dealer						_				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										☐ Al	l States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	1
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Full Na	me (Last na	me first, if	individual)				ш					
Busines	s or Resider	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)						
Name o	f Associated	Broker or	Dealer										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								••••••	AI	l States			
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Full Na	me (Last na	me first, if	individual)									
Busines	s or Resider	nce Addres	s (Numbe	r and Stree	t, City, Sta	te, Zip Cod	le)			·			
Name o	f Associated	l Broker or	Dealer										
States in	n Which Per	son Listed	Has Solic	ited or Int	ends to Sol	licit Purchas	sers						
	ck "All State							**********	•••••			□ Al	l States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	_
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